

CONFIDENTIAL



U.S ENVIRONMENTAL PROTECTION AGENCY
SUBAREA II FOURTH AVENUE AND GAMBELL STREET REMOVAL ACTION
INDOOR AIR QUALITY QUESTIONNAIRE AND BUILDING INVENTORY

Preparer's Name: Robert Whittier/Carl Overpeck Date Prepared: 22-February-2014

Preparer's Affiliation: EPA/START Phone No. 907-257-5000 ext 3303



1. OCCUPANTS:

Unit #3

Last Name: (b) (6) First Name: (b) (6)

Property address: EA Block 26A Lot 2; 730 East 3rd Avenue Unit #3, Anchorage, AK. 99515

Home Phone: _____ Office/Cell Phone: (b) (6)

Number of Occupants/persons at this location: (b) (6) Age of Occupant: (b) (6)

Unit #4

Last Name: (b) (6) First Name: (b) (6)

Property address: EA Block 26A Lot 2; 736 East 3rd Avenue Unit #4; Anchorage, AK. 99515

Home Phone: 907-310-6835 Office/Cell Phone: _____

Number of Occupants/persons at this location: (b) (6) Age of Occupant: (b) (6)

CONFIDENTIAL

2a. LANDLORD/MAINTENANCE MAN

Last Name: (b) (6) First Name: (b) (6)

Property address: EA Block 26A Lot 2; 730 East 3rd Avenue Unit #3, Anchorage, AK. 99515

Home Phone: Office/Cell Phone: (b) (6)

2b. OWNER

Last Name: (b) (6) First Name: (b) (6)

Mailing/Home address: (b) (6); Anchorage, AK. 99515

Home Phone: (b) (6) Office/Cell Phone: (b) (6)

3. TYPE OF BUILDING: Residential

If residential, type of property:

<input type="checkbox"/> Ranch	<input type="checkbox"/> 2-Family	<input type="checkbox"/> 3-Family
<input type="checkbox"/> Raised Ranch	<input type="checkbox"/> Split Level	<input type="checkbox"/> Colonial
<input type="checkbox"/> Cape Cod	<input type="checkbox"/> Contemporary	<input type="checkbox"/> Mobile Home
<input checked="" type="checkbox"/> Duplex	<input type="checkbox"/> Apartment House	<input type="checkbox"/> Townhouses/Condos
<input type="checkbox"/> Modular	<input type="checkbox"/> Log Home	Other: _____

If multiple units, how many? 2

If commercial, type? N/A

Business type(s): N/A

Does the business include residences? ☐ Y ☒ N

Other Building Characteristics:

Number of floors: 1

Approximate building age: ~50

Is the building insulated? ☒ Y ☐ N

How air tight? ☐ Tight ☒ Average ☐ Not Tight

CONFIDENTIAL

4. BASEMENT AND CONSTRUCTION CHARACTERISTICS (Circle all that apply)

- a. Above grade construction: ☒ wood ☐ concrete ☐ stone ☐ brick ☐ other _____
- b. Basement type: ☐ full ☒ crawlspace ☐ slab ☐ other lined crawlspace
- c. Basement floor: ☐ concrete ☐ dirt ☐ stone ☐ other None
- d. Basement floor: ☐ uncovered ☐ covered, covered with None
- e. Concrete floor: ☐ unsealed ☐ sealed, sealed with None
- f. Foundation walls: ☐ poured ☐ block ☐ stone ☐ other _____
- g. Foundation walls: ☒ unsealed ☐ sealed, sealed with liner
- h. The basement is: None ☐ wet ☐ damp ☐ dry ☐ moldy
- i. The basement is: None ☐ finished ☐ unfinished ☐ partially finished
- j. Sump present? ☐ Y ☒ N
- k. Water in sump? ☐ Y ☐ N ☒ NA
- l. Sump covered/sealed? ☐ Y ☐ N ☒ NA
- m. Floor drains present? ☐ Y ☐ N ☒ NA
- n. Perimeter trench drains present? ☐ Y ☐ N ☐ NA UNKNOWN
- o. Indoor cisterns/drywell? ☐ Y ☐ N ☒ NA
- p. Laundry chute to 1st or 2nd Floors? ☐ Y ☐ N ☒ NA

Basement/lowest level depth below grade: ~3.5 (feet)

Identify and describe potential soil vapor entry points and approximate size (e.g., floor cracks, utility ports, floor drains, wall cracks, weeps, or indoor wells):

Liner covered gravel crawl spaces.

Other Comments: _____

5. HEATING, VENTING and AIR CONDITIONING

Identify all that apply and highlight primary:

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Hot air circulation | <input type="checkbox"/> Heat pump | <input type="checkbox"/> Hot water baseboard |
| <input type="checkbox"/> Space Heaters | <input type="checkbox"/> Stream radiation | <input type="checkbox"/> Radiant floor |
| <input type="checkbox"/> Electric baseboard | <input type="checkbox"/> Wood stove | <input type="checkbox"/> Outdoor wood boiler |
| <input type="checkbox"/> Other: _____ | | |

Approximate age of heating system(s): ~50 years

The primary type of fuel used is:

- | | | |
|---|-----------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> Natural Gas | <input type="checkbox"/> Fuel Oil | <input type="checkbox"/> Kerosene |
| <input type="checkbox"/> Electric | <input type="checkbox"/> Propane | <input type="checkbox"/> Solar |
| <input type="checkbox"/> Wood | <input type="checkbox"/> Coal | |

Domestic hot water tank fueled by: Natural Gas

Fuel oil storage location/condition/size, if applicable: N/A

Boiler/furnace located in: ☐ Basement ☐ Outdoors ☐ Main Floor ☒ Other Crawl space

CONFIDENTIAL

Storage wood or coal: ☐ Basement ☐ Outdoors ☐ Main Floor ☒ Other N/A

Fireplace(s) located in: ☐ Basement ☐ Main Floor ☒ Other N/A

Air conditioning: ☐ Central Air ☐ Window units ☐ Open Windows ☒ None

Dehumidification: ☐ Stand alone unit ☐ Located on central air system ☒ NA

Are there air distribution ducts present? ☒ Y ☐ N

6. OCCUPANCY is basement/lowest level occupied?

☐ Full-time ☐ Occasionally ☐ Seldom ☐ Almost Never ☒ Never-confined space.

Level **General Use of Each Floor (e.g., family room, bedroom, laundry, storage, etc.)**

Crawl Space Furnace, utilities, structural posts.

1st Floor Residential

2nd Floor None

7. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

- a. Is there an attached garage? ☐ Y ☒ N
- b. Does the garage have a separate heating unit? ☐ Y ☐ N ☒ NA
- c. Are petroleum-powered machines or vehicles stored in the garage? ☐ Y ☒ N
- d. Has the building ever had a fire? ☐ Y ☒ N When? _____
- e. Is a kerosene or unvented gas space heater present? ☐ Y ☒ N Where? _____
- f. Is there a workshop or hobby/craft area? ☐ Y ☒ N Where & type? _____
- g. Is there smoking in the building? ☐ Y ☐ N How frequently? Unknown
- h. Is there a kitchen exhaust fan? ☐ Y ☐ N If yes, where vented? Unknown
- i. Is there a bathroom exhaust fan? ☐ Y ☐ N If yes, where vented? Unknown
- j. Is there a clothes dryer? ☒ Y ☐ N Type: ☒ Gas ☐ Electric Where vented: _____
- k. Basement windows? ☐ Y ☒ N Type: ☒ Casement ☐ Awning ☐ Glass block Condition: _____
- l. Are there exterior doors in the basement (e.g. "Bilco")? ☐ Y ☒ N ☐ NA

Are there odors in the building? ☐ Y ☒ N

If yes, please describe: _____

Do any of the building occupants use solvents at work (e.g., chemical manufacturing or laboratory, auto mechanic or auto body shop, painting, fuel oil delivery, cosmetologist)? ☐ Y ☐ N **UNKNOWN**

If yes, what types of solvents are used? _____

If yes, are their clothes washed at work? ☐ Y ☐ N

Do any of the building occupants regularly use or work at a dry-cleaning service?

Yes, use dry-cleaning regularly (i.e., weekly): ☐ Y ☒ N

Yes, use dry-cleaning infrequently (i.e., monthly or less): ☐ Y ☐ N ☒ Unknown

Yes, work at a dry-cleaning service: ☐ Y ☒ N

CONFIDENTIAL

8. WATER AND SEWAGE

Water Supply: ☒ Public Water ☐ Drilled Well ☐ Driven Well ☐ Dug Well ☐ Other: _____

Sewage Disposal: ☒ Public Sewer ☐ Septic Tank ☐ Leach Field ☐ Dry Well ☐ Other: _____

9. OTHER ENVIRONMENTAL HAZARDS OBSERVED

Note factors that may impact vapor mitigation system installation or other construction activities:

A. Potential Asbestos: ☐ Yes ☐ No ☒ Suspected

1. Location & Estimated Quantity: _____

2. General Condition: ☐ Good ☒ Fair ☐ Poor

3. Other Comments: Pre 1981 construction.

B: Potential Lead Paint: ☐ Yes ☐ No ☒ Suspected

1. Location & Estimated Quantity: Walls & Floors

2. General Condition: ☐ Good ☐ Fair ☐ Poor

3. Other Comments: Pre 1981 construction.

10. CRAWL SPACE

See attached figure.

11. TEMPORARY STORAGE

Is temporary storage required during performance of the removal action? ☒ Y ☐ N

If yes, describe: Possibly furnace & existing liner

12. DAMAGE TO FIXTURE/FURNISHINGS

Must any fixtures or furnishings such as carpet or tile, be damaged or removed to perform the removal action?

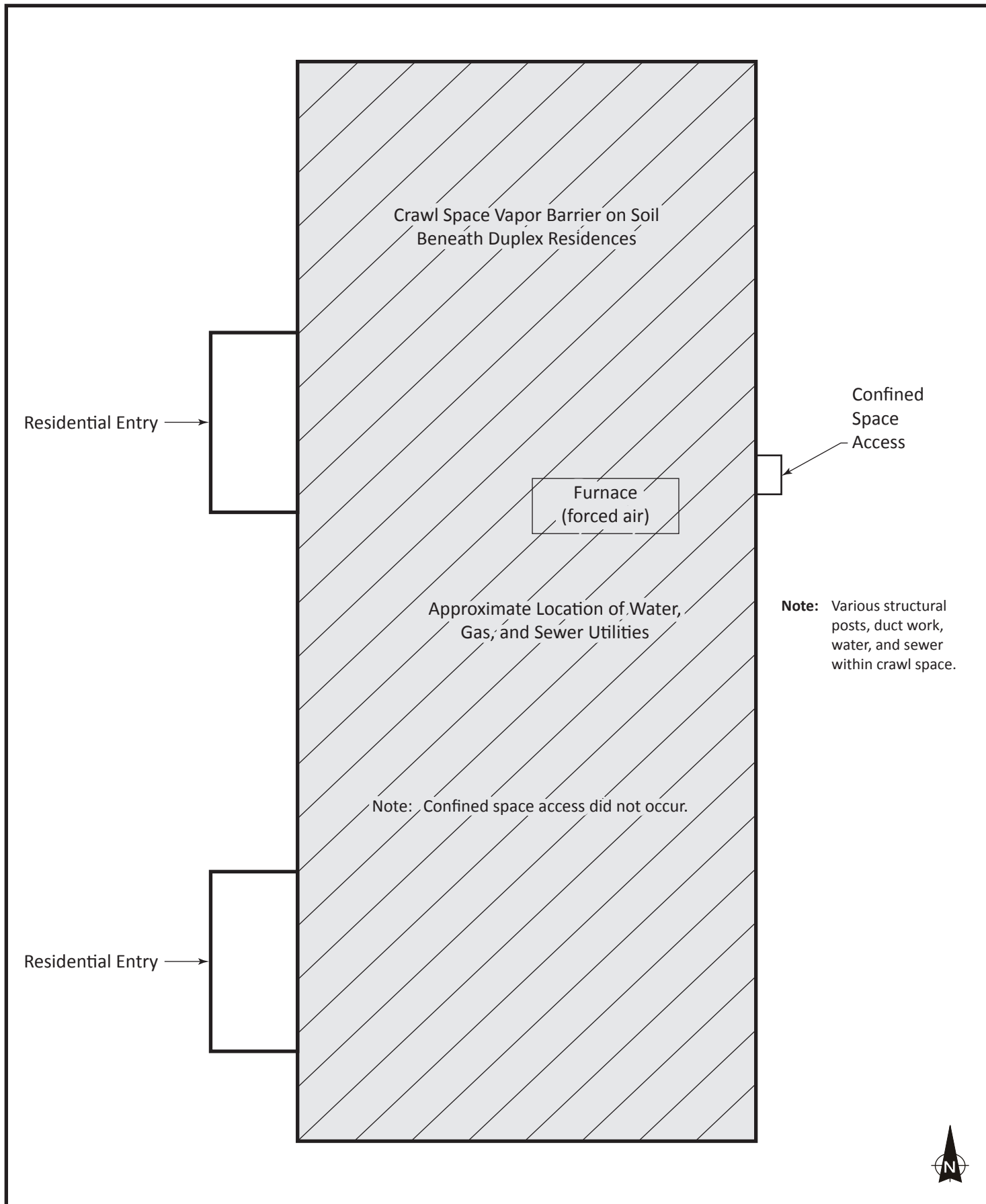
☐ Y ☒ N

If yes, describe: Old liner to be replaced with new.

13. NOTE ANY OTHER CONSIDERATIONS THAT MAY EFFECT THE REMOVAL ACTION

Are there any other performance-related concerns or issues (e.g., objects to be moved in crawl spaces, large furnishings to be moved, etc.)? ☐ Y ☐ N

If yes, describe: Unknown: No confined space entry occurred.



SUBAREA II FOURTH AVENUE AND GAMBELL STREET REMOVAL ACTION

736 East 3rd Street – South Duplex
Anchorage, Alaska

TDD Number: 13-08-0020
Photographed by: Carl Overpeck



Photo 1 736 East 3rd Avenue North & South Duplexes.

Direction: Northeast

Date: 2/24/14

Time: 12:50



Photo 2 736 East 3rd Avenue South Duplex.

Direction: Southeast

Date: 2/22/14

Time: 12:31

SUBAREA II FOURTH AVENUE AND GAMBELL STREET REMOVAL ACTION

736 East 3rd Street – South Duplex
Anchorage, Alaska

TDD Number: 13-08-0020
Photographed by: Carl Overpeck



Photo 3 OSC Whittier in crawl space access.

Direction: Down

Date: 2/22/14

Time: 12:38



Photo 4 Forced air furnace in lined crawl space.

Direction: Southwest

Date: 2/22/14

Time: 12:38

SUBAREA II FOURTH AVENUE AND GAMBELL STREET REMOVAL ACTION

736 East 3rd Street – South Duplex
Anchorage, Alaska

TDD Number: 13-08-0020
Photographed by: Carl Overpeck



Photo 5 Piping in crawl space.

Direction: West

Date: 2/22/14

Time: 12:39
